Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Community Health Group

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Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Community Health Group

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Community Health Group's to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Community Health Group performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Community Health Group's (CHG) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) HEDIS, is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Community Health Group

Community Health Group (CHG) is a full service, not for profit health plan contracted in San Diego County as a geographic managed care (GMC) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since August 1, 1985. As of July 2003, CHG's total Medi-Cal enrollment was 65,540 members.

During the HEDIS reporting year of 2004, Community Health Group collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening

- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by Community Health Group, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom Community Health Group provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, CHG submitted the following for review:

- Adolescent Well Care Visits and Adolescent Satisfaction with Well Care Visits in the Medi-Cal Population.
- Decreasing Hospitalization and Emergency Department Visits Among Medi-Cal Asthmatics.
- Increase the percent of Medi-Cal members with diabetes who receive retinal exams, hemoglobin A1C testing, and lipid (LDL-C) screening.

The health plan systems review for CHG reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from July 2000 to June 2001 and was conducted July 23-27, 2001. This process includes document review, verification studies, and interviews with CHG staff.

These activities assess compliance in the following areas:

- Utilization Management.
- Quality Management.
- Continuity of Care.
- Availability and Accessibility.
- Member Rights.
- Administrative and Organizational Capacity.
- Credentialing.
- Facilities.
- Medical Records.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided

from October 2001-July 2002, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by CHG, as well as its marketing practices.

Quality at a Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report. Table 1 below shows the aggregate results obtained by CHG.

Table 1. 2004 HEDIS Quality Measure Results for Community Health Group

HEDIS Measure	2004 CHG Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status Combo 1	78.8%	64.7%	61.8%
Breast Cancer Screening	57.4%	53.1%	55.8%
Cervical Cancer Screening	66.4%	60.8%	63.8%
Chlamydia Screening in Women	39.0%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	55.7%	61.0%	64.2%

CHG exceeded the Medi-Cal managed care average and National Medicaid HEDIS average for three HEDIS measures. The "Chlamydia Screening in Women" measure exceeded the Medi-Cal managed care average, yet fell below the National Medicaid HEDIS average. These results are more favorable when compared to the Medi-Cal managed care average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of CHG enrollees regarding their satisfaction with care. Also surveyed was a subset of the CHG childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the CHG population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for Community Health Groups

CAHPS Measure	Population	2004 CHG Rate	2004 Medi Cal Average
Getting Needed Care	Adult	65%	69%
	Child	77%	77%
	CSHCN	71%	N/A
	Non-CSHCN	81%	N/A
How Well Doctors Communicate	Adult	54%	51%
	Child	55%	52%
	CSHCN	60%	N/A
	Non-CSHCN	55%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for the child population than for the adult population. The child rate for this measure had the same rate as the comparison average. The adult rate fell below the Medi-Cal average (65% versus 69%). Also of note is that parents of children with chronic care conditions (CSHCN) report a lower rate of satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for CHG's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that CHG members perceive that practitioner communication is very favorable. The CHG adult and child rates for this measure exceeded the Medi-Cal managed care average. The finding that parents of the CSHCN population have a higher rate of satisfaction with communication than parents of Medi-Cal children leads to the belief that practitioners may differentiate in their communication style between the two groups. Because the chronic care children are likely to have more serious health issues, the need for good communication between practitioners and parents is paramount in this subset of the childhood population.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), CHG used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted CHG's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by CHG can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by CHG.

Adolescent Well Care Visits and Adolescent Satisfaction with Well Care Visits in the Medi-Cal Population

Relevance:

- The health plan's rate for Adolescent Well Care Visits using HEDIS specifications was 31.9% compared to the well-visit rate for children 3-6 years of 65%. This suggests under utilization of adolescent well care service.

Goals:

- To improve rate of adolescent well care visits and to improve rates of satisfaction with confidentiality of adolescent well care visits.

Best Interventions:

- Distribution of the monograph "Understanding Confidentiality and Minor Consent in California" to all PCPs.
- Educational seminars for PCPs and their office staff regarding adolescent confidentiality.
- Noting "teen friendly" sites in the Medi-Cal provider directory

Assigning adolescents who do not select a PCP to "teen friendly" PCP site.

- Outcomes: N/A This project is a baseline measure.

Attributes/Barriers to Outcomes:

- Barrier: Language and cultural differences.
- Barrier: Member turnover.
- Barrier: Lack of valid addresses and phone numbers.

Decreasing Hospitalization and Emergency Department Visits Among Medi-Cal Asthmatics

Relevance:

- Asthma and related respiratory diseases are consistently among the top five (5) inpatient conditions identified in Medi-Cal membership.

Goals:

- Improve the care and treatment of members with asthma.

Best Interventions:

- Amended prior authorization criteria so that nebulizers can be ordered without authorization and members can access this specialty care.

- High-risk asthmatics referred to the Preventative Services Department by case managers upon discharge from the hospital for health education referral.
- Members were referred to home health for follow-up and education post discharge from the hospital.
- Implemented a case management outreach call to follow-up on high risk members.

Outcomes:

- CHG was successful in decreasing the rate of hospitalization and ED visits among asthmatics.

Attributes/Barriers to Outcomes:

- Barrier: Lack of educational materials in appropriate language and format.
- Barrier: Local/community resources for education may not be known or available.
- Barrier: Practitioners and members are unaware of best practice guidelines.
- Barrier: Physicians not prescribing appropriate medications.
- Barrier: Patient non-compliance with medication regimens prescribed.
- Barrier: Lack of practitioner follow-up of members who are hospitalized.

Increase the Percent of Medi-Cal members with Diabetes Who Receive Retinal Exams, Hemoglobin A1c Testing, and Lipid (LDL-C) Screening.

Relevance:

- 20% of the identified members with diabetes had retinal exams compared to the NCQA 90th percentile of 52%.
- The HbA1c is below NCQA's 10th percentile of 64%
- LDL-C screening rate of 7.30% is also below the 10th percentile of 57.4.

Goals:

- Increase the percent of Medi-Cal members with diabetes who receive retinal exams, hemoglobin A1c, and lipid (LDL-C) screening.

Best Interventions:

- Eliminated prior authorization requirements for ophthalmology specialty visit for diagnosis of diabetes.
- Distributed to all primary practitioners diabetes clinical guidelines and list of their identified diabetic members.
- Implemented process of notifying PCPs when diabetic members are identified through hospitalizations and providing an additional copy of the diabetes clinical guidelines.
- Acquired and distributed a diabetic passport (a disease specific record keeping for with preventive care guidelines that include HbA1c testing and LDL-C monitoring) and list of diabetes specific health education classes to 1229 diabetic members.

Outcomes:

	Retinal exam rate	Hemoglobin A1C	LDL C Screening
Baseline	20.4%	18.2%	7.4%
Re-measure 1:	45.1%	42.2%	44.4%

Attributes/Barriers to Outcomes:

- Barrier: Lack of practitioner knowledge of recommended guidelines.
- Barrier: Lack of member's knowledge that they should have retinal exams, HbA1c tests, and lipid screening.
- Barrier: Lack of member's ability to access specialists for retinal exams without a prior authorization.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- CHG

PIP Activity	Indicator	Baseline	Re measurement			
			#1	#2	#3	#4
Adolescent Well Care Visits and Satisfaction with Adolescent Well Care Visits	Rate of adolescent well-care visits	2003 31.9%				
	Rate of satisfaction with confidentiality of adolescent well-care visits	Not reported				
	Rate of identification of "teen friendly" primary care practitioner sites	Not reported				
Decreasing Hospitalization and Emergency Department Visits Among Medi-Cal Asthmatics	Rate of hospitalizations for members with asthma	3/2000 52.3 per 1000	3/2001 44.67 per 1000	03/2002 40.78 per 1000	12/2002 44.32 per 1000	2003 45.13 per 1000
	Rate of emergency department (ED) visits for active Medi-Cal members with asthma.	233.7 per 1000	201.2 per 1000	181.2 per 1000	160.0 per 1000	156.1 per 1000
Percentage of Medi-Cal members with diabetes who receive retinal exams, hemoglobin A1c testing, and lipid screening		1999	2000	2001		
	Retinal Exam Rate	20.4%	23.6%	45.02%		
	Hemoglobin A1C Rate	18.2%	24.93%	42.2%		
	LDL-C Screening Rate	7.4%	23.58%	44.4%		

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, CHG was assessed specifically in the following areas:

Quality Management Review Requirements

- Quality Assurance Program

Member's Rights

- Grievance Systems
- Informed Consent

Continuity of Care

- Coordination of Care: Within the Network
- Coordination of Care: Outside the Network/Special Arrangements
- Coordination of Care: Local Health Department
- Coordination of Care Monitoring
- Initial Health Assessment
- Referral Follow-Up Care System

CHG was found to have opportunities for improvement related to coordination of care outside the network and for special arrangements and initial health assessments. CHG implemented corrective action and addressed all identified deficiencies to the Department's satisfaction.

Summary of Quality

In summary, Community Health Group demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. The achievement demonstrated by CHG in the area of childhood immunizations, breast cancer screening and cervical cancer screening are evidence that the plan is committed to offering members high quality care.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee

access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Community Health Groups

HEDIS Measure	2004 CHG Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	77.6%	75.7%	76.0%
Postpartum Check-up Following Delivery	50.6%	55.7%	55.2%

CHG scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and below both comparison averages for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted negatively by the health plan's access to correct demographic information for outreach to postpartum members.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5: 2004 CAHPS Access Measure Results for Community Health Groups

CAHPS Measure	Population	2004 CHG Rate	Medi Cal Managed Care Average
Getting Care Quickly	Adult	31%	35%
	Child	39%	38%
	CSHCN	40%	N/A
	Non-CSHCN	38%	N/A

Findings from 2004 indicate that CHG exceeded the Medi-Cal managed care average for the child rate in this measure. The "Getting Care Quickly" measure was more favorable for the child population as compared to adults. It is important to note that children with chronic care needs (CSHCN) have a slightly higher rate of satisfaction with access than the Medi-Cal children's population (40% versus 39%). Although the CSHCN

population is less satisfied with their ability to obtain routine care, they appear to be slightly more satisfied to access for urgent care. We can infer from these results that the area of access pertaining to this measure may present opportunities for improvement.

Quality Improvement Projects

Community Health Group's quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation Findings (A&I)

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2000 to 2001 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

Member's Rights

- Cultural and Linguistic Services
- Primary Care Physician

Availability and Access

- Access to Medical Care
- Access to Emergency Services
- Access to Pharmaceutical Services
- Access to Specific Services
- Access to Providers

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care as well as emergency, pharmaceutical and specific services. Additionally, deficiencies were identified in the areas of cultural and linguistic services. To address these opportunities, DHS/DMHC conducted active oversight of CHG's corrective action process. CHG effectively addressed recommendations related to Access Review Requirements and implemented corrective measures.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, CHG addressed all areas identified during the A&I audit. Although access to prenatal care appears adequate, investigation of barriers to postpartum check ups is warranted. Also study of the potential impact of access-related issues upon the satisfaction of members with the ability to "get care quickly" is an area for further investigation.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Community Health Groups

HEDIS Measure	2004 CHG Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	44.5%	48.7%	45.3%
Adolescent Well-Care Visits	31.9%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No reported cases	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No reported cases	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life or 6 or more visits" and the "Adolescent Well-Care Visits" measures fell below both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for CHG, it is of interest that the immunization rate is found to be higher than the average, yet the "Well Child Visits in the First 15 Months of Life or 6 or more visits" measure was low. Since the well child visit rate is lower, one would think that the immunization rate may be lower as well,

yet this is not the case. These results may indicate opportunities for improvement in the area of timeliness pertaining to these measures.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for Community Health Groups

CAHPS Measure	Population	2004 CHG Rate	2004 Medi Cal Average
Courteous and Helpful Office Staff	Adult	60%	54%
	Child	59%	53%
	CSHCN	62%	N/A
	Non-CSHCN	59%	N/A
Health Plan's Customer Service	Adult	60%	70%
	Child	69%	69%
	CSHCN	60%	N/A
	Non-CSHCN	74%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. The CHG adult rate for this measure reveals that office staff is slightly more helpful when compared to the child population (60% versus 59%). The adult and child rates exceeded the Medi-Cal average by several percentage points. However, the Community Health Group CSHCN rate for this measure exceeded the child rate (62% versus 59%). It is noteworthy that parents of children with chronic care needs find office staff more courteous and helpful than their Medi-Cal peers. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. CHG child members generally find health plan customer services staff more helpful than the adult and CSHCN population. The adult rate for this measure fell below the Medi-Cal average by several percentage points (60% versus 70%). The CSHCN population is likely to require more information related to direct medical care; however, this population scored below the child rate for this measure. This information is likely to be better provided by the medical office staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. CHG used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the

practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. CHG acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2000-2001 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management.
  - Prior Authorization Review Requirements.
  - Prior Authorization Appeal Process.

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review and appeal process requirements. CHG addressed issues identified in the Utilization Management Process and implemented corrective action to address deficiencies to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. CHG addressed timeliness in its QIP activities. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, CHG demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of CHG management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- CHG scored above the Medi-Cal and national Medicaid average for the rates of childhood immunizations, and breast and cervical cancer screening.

- CHG achieved sustained improvement in reducing the emergency department visits for members with asthma during the time of the QIP activity, Improving hospitalization and emergency department visit rates for Medic-Cal members with asthma. CHG also achieved a decrease in hospitalizations related to asthma from the baseline measurement.

Access:

- CHG exceeded the Medi-Cal average and scored above the Medicaid national average for timeliness of prenatal care.
- CHG parents of child enrollees express slightly more satisfaction with their ability to obtain care quickly compared to Medi-Cal enrollees in general.

Timeliness:

- CHG's CSHCN population expressed greater satisfaction with health plan office staff than Medi-Cal enrollees. This is important because the needs of this population are likely greater than the average Medi-Cal enrollee. The ability to obtain assistance from medical office staff to navigate the care delivery system is highly beneficial to this population.
- CHG's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform a formal root cause analysis exercise to understand target goals were not achieved.
- Review QIP documentation to assure that all quantifiable measures under study have reportable data findings or that the measure is removed from the QIP documentation if there is a decision to change what data will be reported.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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